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DECLARATION	FOR LITH IT		Allomey Doc	sket number	P06658US0-186	6	1
	DECLARATION FOR UTILITY OR DESIGN		First Named	Inventor	Theo R. Bruinsr	ma	
	PATENT APPLICATION (37 CFR 1.63)			COM	IPLETE IF KNOW	N	
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Declaration	Declaration Declaration				-		
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Filing		1.16 (e))	Examiner Na	ame		<del>.</del>	
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I hereby declare that:							
Each inventor's residence, m	ailing address, an	nd citizenship are a	s stated be	low next to the	neir name.		
I believe the inventor(s) name which a patent is sought on the		•	inventor(s)	of the subjec	t matter which is	claimed and fo	r
METHOD AND MEA	NS FOR CON	NTROLLING T	HE OPE	RATION	OF A MACH	IINE BASE	o
UPON THE WEARIN	G APPAREL	OF THE MAC	CHINE O	PERATO	R		
<u></u>		(Title of the	Invention)				
the specification of which		•	ŕ				
is attached hereto							
OR							
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[Page 1 of 2]
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NAME OF SOLE OR FIRST IN	VENTOR:		T A D	etition	has bee	en filed	for thi	s unsiar	ned inventor	
Given Name (first and middle [if any]) The	o R.	· · · · · · · · ·			F	amily N	lame	ruins		
Inventor's Signature			•						Date   10.10	63
Residence: City	State			Coun	-			Citizer	•	
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Mailing Address Munlaan 9										
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NAME OF SECOND INVENTO	R:				A pe	tition h	as bee	en filed f	for this unsigne	ed inventor
Given Name (first and middle [if any])	<b>ј</b> Ј.			<u> </u>		mily Na Surnar		Joynt	È.	
Inventor's Signature	I Op	wt,	-	-	•	-			Date	
Residence: City	State //	/		Coun	try			Citizer	nship	
Ankeny	lowa	·····		US				US		
Mailing Address 2105 W. First Street										
City	State				ZIP			Count	ry	
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Additional inventors or a legal re	presentative are bein	ng named on the	e_1_s	uppleme	ntal shee	et(s) PTC	/SB/02A	or 02LR	attached hereto.	

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1				
	<del>.</del>					<del></del>
Name of Additional Joint Inventor, if any:		A petition	on ha	as been filed for this ur	nsigned inv	entor
Given Name (first and middle (if any)		Family Name	or S	urname		
Matthew		Bergman				
Inventor's Watthe Bugman				C	Date 200.	3/09/03
Des Moines Residence: City	IA State	U: C	S Coun	U	s Citizenship	
3412 E. 52nd Street Mailing Address						
Mailing Address						
Des Moines City	IA State			50317 Zip	US Country	
Name of Additional Joint Inventor, if any:			on ha	as been filed for this ur		entor
Given Name (first and middle (if any)				Family Name or S	urname .	
Inventor's Signature		Date				
Residence: City	State			Country		Citizenship
Mailing Address						
Mailing Address					<b>.</b>	·
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Name of Additional Joint Inventor, if any:		A petition	on ha	as been filed for this u	nsigned inv	entor
Given Name (first and middle (if any)				Family Name or Su	ırname	
Inventor's Signature		Date				
Residence: City	State			Country		Citizenship
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	Applicati n Number	
	Filing Date	
	First Named Inventor	Theo R. Bruinsma
POWER OF ATTORNEY OR	Title METHOD AND	MEANS FOR CONTROLLING THE
AUTHORIZATION OF AGENT	Group Art Unit	OPERATION OF A MACHINE
	Examiner Name	
	Attorney Docket Number	P06658US0-186
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OR		34082
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X Applicant/Inventor.		
Assignee of record of the entire interest. Se Statement under 37 CFR 3.73(b) is enclose	ee 37 CFR 3.71. ed. (Form PTO/SB/96).	
	ant or Assignee of Record	
Name Theo R. Bruinsma		
Signature Theo R. Bruthsma		

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## **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number		1
Filing Date		
First Named Inventor	Theo R. Bruinsma	
Title METHOD AND	MEANS FOR CONTROLLING TH	k (
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Examiner Name		
Attorney Docket Number	P06658US0-186	)

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SIGNATURE of Applicant or Assignee of Record							
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Signature	1) 1/1/2						
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	Application Number	
	Filing Date	
	First Named inventor	Theo R. Bruinsma
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AUTHORIZATION OF AGENT	Group Art Unit	OPERATION OF A MACHINE.
	Examiner Name	
	Attorney Docket Number	P06658US0-186
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Telephone  I am the:  X Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
	SIGNATURE of Applicant or A	ssignee of Record				
Name	Matthew Bergman					
	Whithen Bergman					
Date	10/16/2003					
NOTE: Signatures of all the	ne inventors or assignees of record of the entire in mature is required, see below*.	terest or their represent	ative(s) are required. Submit multiple			
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